about six hours. The composition of this peptone may explain its action. It consists of albumoses, 30; peptone, 18; other soluble albuminous bodies, 9 to 12 per cent., making a total of 57 to 60 per cent., besides the extractives and 8 to 10 per cent. of potassium phosphate and chloride and earthy phosphates. The large percentage of albumoses and peptones present a readily absorbable material for the nourishment of the heart muscle, while the potassium phosphate and chloride add to the action of the potash salts, which, through the raising of arterial pressure and slowing of the pulse, act as diuretics. The aromatic extractives are weak nerve-stimulants, and at the same time are excellent correctors of the taste of the albumoses, peptones and potash salts. The patients perceive a feeling of warmth, an increase of the appetite, and in consequence of the better circulation of the blood there is an improvement in the general condition. Further, in consequence of its tonic effect on heart and bloodvessels, the peptone is a mild diuretic.—*Berliner klinische Wochenschrift*, 1894, No. 10, S. 238.

THE INFLUENCE OF VARIOUS DIETS UPON THE COMPOSITION OF THE URINE.

DR. W. HALE WHITE has found that, in his experience, strontium lactate will sometimes diminish albuminuria, but he has been unable to detect that the condition of the patient is in any other respect altered by taking it. Milk has been frequently recommended; it is said that it will diminish the amount of albumin. This is far from being always true, especially in chronic interstitial nephritis, and even if it were, in many cases there is no proof that this is of any benefit. It is urged that milk is easily digested and absorbed; often this is directly contrary to fact, for patients who are fed solely upon milk often suffer from indigestion; they get to positively loathe the milk, which has the additional disadvantage that it leads to constipation. It has been stated that milk does not irritate the kidneys; in young children, however, it is curious to find that these organs are frequently streaked with urates. Milk is often said to be diuretic; it is usually but not invariably diuretic, and it is doubtful whether it is well to give diuretics in Bright's disease. It has been urged that milk is beneficial because it contains no toxic substances; it may contain poisonous substances, which, although excreted in health, are retained in the blood in Bright's disease, and there is no proof that it aids in the elimination of toxic substances. Ten cases were analyzed, the composition of the daily diets being: 1. Milk; 3 pints, equalling 1076 grains of proteid; 2. Farinaceous; bread, 12 ounces; butter, 1 ounce; milk, 2 pints; beef-tea, 1 pint, equalling 1137 grains of proteid; 3. Full; bread, 12 ounces; butter, 1 ounce; milk, ½ pint; potatoes, ½ pound; meat, 6 ounces, equalling 1522 grains of proteid. With the full diet, rice pudding made with milk, ½ pound; or mutton broth ½ pint, were given on alternate days. When any of the patients showed signs of uræmia they were treated with subcutaneous injections of pilocarpine nitrate, vapor baths, compound jalap powder, or compound elaterium powder. In conclusion: The quantity of urine passed: In chronic interstitial and in chronic parenchymatous nephritis milk is sometimes, although not always, a mild diuretic. Upon a farinaceous diet more urine is passed than upon a full diet, often considerably more, but there is not much to choose between farinaceous and milk diets. The specific gravity: The diet has no certain influence in either chronic interstitial or chronic parenchymatous nephritis, but on the whole it is lower in milk and farinaceous diets than in full diets. The amount of albumin passed: Milk diet has little or no effect in reducing albumin in urine, sometimes, indeed, more albumin is passed upon milk than upon other diets; the albuminuria in chronic interstitial nephritis is much more severe in a farinaceous than in a full diet. In chronic parenchymatous nephritis the albuminuria is much more profuse upon a full diet than upon a farinaceous. The quantity of urea passed: It is difficult to say what is the effect of milk upon the excretion of urea; in contrasting full with farinaceous diet there is no certain influence upon the output of urea in chronic interstitial nephritis. In the chronic parenchymatous nephritis the urea excreted is often less the more proteid the diet contains. The general condition of the patient: The patients feel better and stronger on full diet, or on farinaceous diet, with fish or chicken added, than they do on milk or farinaceous diets, and this conclusion applies to both forms of nephritis. He believes that an ordinary full diet is the best for chronic Bright's disease, for, 1, it does not increase the liability to uræmia; 2, the general condition of the patients improve upon it, and they feel stronger and their circulation is better than upon milk or farinaceous diet; 3, a saving of albumin is effected, for even if the output is increased, more than sufficient extra proteid is taken in to compensate for the extra loss; 4, there is no evidence that the effect of this diet upon the excretion of the urea is harmful; 5, there is no evidence that a full diet contains, or especially leads to the formation of, any toxic principles which are harmful in chronic Bright's disease; 6, this diet prevents the repugnance felt by these patients to farinaceous diet, and their loathing of milk.—*Medico-Chirurgical Transactions*, vol. lxxvi. p. 392; also in *British Medical Journal*, 1893, vol. i.

THE CREOSOTE TREATMENT FOR TUBERCULOSIS.

DR. JULIUS WEISS presents a very careful review of the present condition of the creosote therapy. Increase of weight, diminution of cough and an arousing of the appetite are, in most cases, observed during the administration of this remedy; yet frequently patients are found who cannot tolerate the taste of the remedy, nor be induced to take it. If pills or capsules are not well borne, Hoffman's mixture (with tincture of gentian), or Bouchardat's formula (tincture of nux vomica and Malaga wine), or Van der Vloet's prescription (with tincture of nux vomica) may be substituted. Sommerbrodt used the remedy in gelatin capsules with cod-liver oil; balsam of tolu should be avoided because the pills are thus rendered insoluble; sugar-coated pills are not, however, objectionable. If creosote in these various forms cannot be taken the carbolate is generally well borne in large doses, and is equally as efficacious as the creosote itself. It can be said that creosote is not a direct specific against tuberculosis, but indirectly influences the process in the lungs by limiting the formation of expectoration and by its being a good stomachic. The majority of physicians will subscribe to the statement of Weyl, that it is the best remedy for the symptomatic treatment of tuberculosis.—*Centralblatt für die gesammte Therapie*, 1894, Heft 3, S. 129.